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(703) 365-6421 PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/536456

CLAIMS AS FILED - PART I						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY				
		(Colum	(Column 1) (Column 2)		י ור]	OMALL (EMILLY			
U.S. NATIONAL STAGE FEES				•				RATE	FEE		RATE	FEE	
BASIC FEE SMALL ENT. = \$ 150			LAR	GE ENT. = \$ 300	8	ASIC FEE		OR	BASIC FEE	300			
EΧ	MINATION FE	E	Satisfies PCT A (4) = \$ 50				ε	XAM. FEE			EXAM, FEE	200	
SEARCH FEE ALL				50 / \$ 100 untries = 400		her situations = i 250 / \$ 500	s	EARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS. 127min				us 100 =		/ 50 =	L	X \$ 125 =			X \$ 250 =	250	
TOTAL CHARGEABLE CLAIMS			é minus 20 = .		•		L	X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			2 m	inus 3 =	•		L	X \$ 100 =		OR	X \$ 200 =		
MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 180 =		OR	+ \$ 360 =			
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	150	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E			
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2	Minus	**		B		X \$ 25 =	_	OR	X \$ 50 =		
	Independent	• 2	Minus	***		=	- 2	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	F MULTIPLE DEPENDENT CLAIM				_ [·	+ \$ 180 =		OR	+ \$ 360 =		
								OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Calema 4)		(Calum	31	(Column 2)						1	
جا B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST IER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***		= <i>t</i>	>	(\$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	JLTIPLE DEPE	NDENT C	LAIM		F	\$ 180 =		OR	+ \$ 360 =		
							TC	FEE		OR	TOTAL ADDIT. FEE		
•••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 02/2005)

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